



CWDA

Advancing Human Services
for the Welfare of All Californians

CWDA CCR Theoretical and Integrated Practice Summary (TIPS) Sheet #1.2 Short-Term Residential Treatment Programs Issues

We wanted to provide you with some information and guidance based on “lessons learned” from numerous calls that CWDA representatives have been on with individual counties, CDSS, CBHDA, CPOC with regard to STRTP/Group Home 14-day notices and non-admissions.

This document was developed in collaboration with our colleagues at CBHDA. Version 3 of the STRTP Interim Licensing Standards effective 1/11/2019 is available on the CCR website (<http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform>).

This guidance is intended to help prevent, and effectively intervene in placement disruptions.

Initial Placement into STRTP

Become familiar with the STRTP program, services offered, and its admissions procedure.

Look up the STRTP’s program statement (CCR website:

<http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform>; click on STRTP; click on STRTP Program Statement). If the program statement is not there, contact CDSS (ccr@cdss.ca.gov) for a copy.

In the Program Statement, read: 1) Plan of Operation summary (Vision/Mission/Goals); and 2) Admissions Procedures.

For Admissions Procedures, look for items that the STRTP says they will do upon or soon after admission. This can include Needs and Services Plan, Crisis Intervention Plan, and assessments done (like CANS). Any of these plans should be customized to your youth. Make sure to get copies of any plans assessments and make sure county CWS staff (especially the case-carrying social worker) is part of any meeting, including the first CFT.

Providing referrals to STRTPs

Make sure to provide info on child to provider, but try to avoid labels, especially if coming from other providers. Also, try to be clear as to when behavior last occurred. It is not acceptable for a provider to deny you based simply on a phone call. ***Per the Interim Licensing Standard (ILS),¹ the STRTP must do a thorough assessment and provide a placing county with rationale for non-admit.*** Per ILS Section 87068.05 (Admission Determination Procedures), this assessment includes written information regarding the child (e.g., demographic information, any diagnoses, any medication, educational records, etc.), contact information for the child’s placement

¹ <http://www.cdss.ca.gov/Portals/9/CCR/STRTF/FINAL%20STRTF%20ILS%20v3.pdf?ver=2019-01-11-131308-183>

agency staff and other providers, consent and authorization forms, and any relevant court orders. ***It is critical for county child welfare agencies to provide this information upon placement in order for STRTPs to complete their assessment and to begin mental health services.***

Further, per the updated (January 2019) ILS, STRTPs must document which and when a placing county agency submitted the information, as well as establish a mechanism to formally respond to the placing county agency. As such, you should ask the STRTP as to their mechanism to respond to you, including an approximate date of the response.

Non-Admits

Per ILS Section 87068.05 (Admission Determination Procedures), the STRTP **must** work in good faith with the placing county agency and associated parties (e.g., Mental Health Plan) to determine whether the STRTP can admit the youth. If the STRTP makes a preliminary determination that they are not able to meet the youth's needs, the STRTP **must** request assistance from the placing county agency and associated parties (i.e. County Mental Health) to provide services or necessary services to the youth and document the request. If after the STRTP requests assistance, and there is not enough assistance to address the youth's needs, the STRTP may determine that it cannot admit the youth, and the STRTP may deny admission, and has to convey a documented justification for the denial to the placing county agency.

If the STRTP still does not admit the youth, complete either the CWDA non-admit form (attached) or Attachment 3 in [ACL 17-122](#). You should fill out a form for each youth and submit to CDSS on a regular basis. In email subject line, put "Info Only" when it is a regular update or "Immediate Assistance Needed" when you feel that all current STRTP placement options for the youth exhausted. Try to be as detailed as possible for any denial reason, including if there is no call back.

As a note for those providers that state that they are full, ask when the next child is expected to leave. The expectation is that these STRTPs are short-term, so if they have a detailed plan for each child, they should have a general idea of the next potential vacancy.

Also, CWDA has done an analysis of some of the Part 2 information, including the 13 largest counties. On average, 55% of the STRTPs/GHs capacity is for foster youth, while another 45% are filled with for education, private placements, or other non-foster care placements. However, approximately 10% of the providers have less than 20% capacity for child welfare or probation foster youth, with other 80% designated by these providers for education, private placements, or other non-foster care placements. We are working with CDSS to ensure that such full facilities have youth placed that are consistent with "commonality of need" (ACL17-122) of other youth as described by the facility.

Admissions

The STRTP should conduct a CFT for the child within 14 days of admission, but no later than 30 days.

Needs and Services Plan (NSP) ILS 87068.2. A customized NSP should be created by the STRTP for every child within 30 days of STRTP placement. Placing County Agency staff should be offered the opportunity by the STRTP to participate in the NSP development (ILS 87068.2[d]) and shall obtain written approval from the County Placing Agency prior to implementing the child's NSP (ILS 87068.2[e]).

The County Placing Agency should get a copy of the approved NSP. The NSP should include specific information on each documentable mental health issue that will be addressed, and the treatment plan and SMHS for each mental health issue, whether each SMHS will be provided on-site or by some other means, and timelines/estimates of when each SMHS will be completed.

Per ILS Section 87068.3, this Plan must be updated every 30 days and written approval from the County Placing Agency must be obtained for each updated NSP. County Placing Agency staff should be a part of any future NSP meeting if possible and get copies of any updates as well.

14-Day Notice

If the county receives a 14-day notice,² ask the provider to be specific about why they are giving the notice. Ask the provider about the youth's behaviors, triggers to the behavior, and any surrounding activities if no obvious triggers are identified. Ask how has the provider responded to the behavior, any SMHS interventions that were tried, and the youth's outcome/reactions.

Ask them what they did for the child in terms of the Needs and Services Plan and Crisis Intervention Plan, in terms of SMHS before they considered the Notice.

Transfer Summary. Regardless of whether a youth has been given a 14-day notice or has completed all aspects of their NSP (and ready to step down), a Transfer Summary should be given to the County Placing Agency. The Transfer Summary should include: 1) all SMHS provided to date for each identified mental health issue, ie: individual or group therapy, ICC, IHBS, TBS, Med Support, etc.; 2) suggested SMHS that should be provided at the next placement or each mental health issue; 3) any current prescription medication, including dosage and when a refill will be needed; 4) contact information for any current health, medical, and clinical providers (including the SMHS clinician); 5) psychiatric hospitalizations, include dates and length of stay; and 6) any time sensitive SMHS issues that must be addressed (e.g., youth has a near-future clinical appointment, youth has to have prescriptions refilled, etc.).

Specialty Mental Health Services (SMHS):

STRTPs must either offer SMHS on site or provide access to services for the youth in a timely

² Pursuant to [AB 2247](#) (Chapter 645, Statutes of 2018)

fashion. Any SMHS provided has to be documented to Medi-Cal standards so there must be documented records of such services, and county placing staff should request such documents. Often Wraparound is mentioned, but Wraparound is not a SMHS, but a program that may include SMHS. And when pressed, the description includes 2-4 visits per week. That is usually NOT sufficient for high-end volatile behaviors. TBS can be provided up to 24/7, is typically provided in 4-, 6-, or 8-hour blocks of time, and is not a “visit”. With a good treatment planning, the learning curve for the youth and the caregivers is usually increased and are highly successful.

If there is an emergency placement into a STRTP, a placing county mental health clinician should determine within 72 hours whether the youth meets medical necessity for Specialty Mental Health Services, and an Inter-Agency Placement Committee (IPC) Meeting should to occur within 30 days of the emergency placement to confirm that the most appropriate, least restrictive setting for the youth to receive the SMHS would be in a STRTP.

Questions to ask of the STRTP:

If the child had access to implements (knives, cigarette lighters, etc.), gotten into physical altercations and/or AWOL'd, ask what was the supervision like at the time? Are there mental health issues that are triggering events (in some instances, youth have been described as being non-compliant when in fact, their underlying SMHS issues are not being address which may have behavioral manifestations).

Per ACL 17-122, was an emergency CFT done prior to the Notice? What was written in the program statement regarding CFTs? Was the youth informed at or prior to the CFT of the Notice? Which STRTP staff was a part of the CFT?

What regular SMHS or other therapy has been provided to the child, frequency and duration, by whom, etc.? For the person providing the therapy, what was their educational level (note, a person who has no more than a bachelor's degree cannot provide clinical therapy)? In some instances, providers have used “counseling,” “therapy,” and other similar words that actually was non-SMHS such as behavioral modification or variants of token economy.

What SMHS was provided in response to a behavior or crisis situation? One would expect to hear:

- The case manager provided ICC and facilitated additional SMHS to be considered.
- A masters/licensed clinician spent time with the youth, new or additional services were added to the Client Plan (Mental Health Treatment Plan) in their medical record that was developed to address triggers/precipitating factors, and look for alternative ways for the youth to deal with their frustration/anger.
- An appointment was set up to review psychotropic medication with the psychiatrist.
- Other SMHS services like TBS or increase in individual and group sessions were considered.

- Other supports were considered matched with their special interests, such as art or music classes, youth group activities at a church, signing up for ROP culinary class next semester at school, etc.
- The milieu staff was informed of the changes in the treatment plan and newly identified triggers to avoid. They provided prompts/reminders to the youth in how to handle their frustration and anxiety.

What communication has occurred between the STRTP, the County MHP responsible for services, and the placing agency? One would expect to hear:

- A CFT was convened or is scheduled to discuss youth's needs and updated plan.
- The MHP has been notified and agreed to authorize the additional SMHS.

Did the provider do everything possible under their program statement to prevent the Notice? Per the updated (January 2019) regulations ILS Section 87068.4, if there is any indication that the service needs of the youth may be reaching the point that the needs are beyond the capability of the STRTP, the STRTP **must** communicate its concerns to the placing county agency, and a CFT must be conducted; further, the STRTP must request additional support from community agencies to prevent a possible notice. An emergency CFT must be done prior to any 14-day notices. If a 14-day notice is given, the notice **must** be accompanied by a signed statement by a licensed mental health clinician or mental health rehabilitation specialist as to why the STRTP was not able to meet the needs of the youth. If the STRTP is provisionally licensed and does not have a EPSDT contract yet, then the signed statement can come from an authorized STRTP representative.

Calls with the State

1st Call: After submitting the non-admittance or eject form to DSS, there are usually two calls that ensue at the request of the County. The first call is will be without the provider, and includes CDSS staff, representatives from CWDA, CBHDA, and Probation (for dual jurisdictional or pure probation that may involve child welfare issues). From the county, we ask for the child welfare director (or designee), any of the appropriate CW managers, (especially important) the case carrying social worker/supervisor (anyone with direct knowledge of the youth), and the County Behavioral Health Department/Mental Health Plan clinician and supervisor (at minimum). If there is an AB 1299 component (child placed out of county and SMHS presumptively transferred), the first call should also have the Host County MHP clinician/supervisor (where the youth is placed).

Typical information we gather at this first call: youth gender, age, mental health diagnoses and SMHS provided, history of 5150s/5250s/5585s, psychotropic medications, any other relevant health diagnoses/medications, summary of how the youth got to where they are (including past placements), and what the youth has said would be their ideal placement goal.

2nd Call: All the individuals from the first call will be asked to attend the second call. In addition, from the county side, you will be asked to have your agency director there, as well as an executive level MHP person (MHP Director or MHP Deputy Director/Chief for Children and Youth Services). The County Placing Agency staff will be asked to coordinate to have STRTP staff to be on the call. Typically, all the counterparts from the STRTP will be asked to be there (STRTP

Executive Director or designee, manager, house/shift supervisor etc.). In essence, at least one STRTP staff person who knows about the case, and one executive STRTP staff person who is a decision maker.

We will work towards whatever the placing county needs. If the county wants to preserve placement, we will work towards that. If the county feels a different placement is warranted, we will work to a smooth transition for the youth.

Please feel free to contact Loc Nguyen (LNguyen@cwda.org or 628-249-6821) if you have any questions.

Help Request: Child with Repeated Non-Admits Or Ejects to/from STRTPs

[send to: Pat.Leary@dss.ca.gov, Sara.Rogers@dss.ca.gov, jess.torrecampo@dss.ca.gov]

[copy to: lnguyen@cwda.org; dboyer@cwda.org]

[In Email Subject Line put "Information Only" or "Immediate Assistance Needed"]

Basic Information

Date:

County:

Child Name/ID number:

Where Child is Currently Placed:

Type of Placement County is Looking For: (e.g. ISFC, TFC, STRTP, all, or other)

Brief Description of Child Strengths and Needs:

Has a CFT been held? Brief summary of recommendations:

Has the STRTP provided you their required documentation per ILS requirements?

Child characteristics (answer yes/no):

Receives SMHS?	Regional Center?	CSEC?	Substance use?	History of physical violence?	History of property destruction?	History of sexual behaviors?	Medically needy? (includes diabetes, physical disabilities)	IEP?	History of AWOL?

ST RTP Contact Log

1. STRTP Name:

Date initially contacted:

Date of non-admit decision:

Reasons given for non-admit:

2. STRTP Name:

Date initially contacted:

Date of non-admit decision:

Reasons given for non-admit:

[Repeat as necessary]